
USE THIS FORM IF YOU ARE TRYING TO...

LIFE INSURANCE FORMS:

<u>If You Are Trying To:</u>	<u>Use This Form</u>
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Enrollments

Enroll a new employee	Life Insurance Enrollment/Change SFN 53803
Enroll a new employee, electing spouse supplemental coverage over \$50,000	Life Insurance Enrollment/Change SFN 53803 and Evidence of Insurability

Changes/Additions

Report a name, marital, or address change	Notice of Change SFN 10766 and Life Insurance Enrollment/Change SFN 53803
Report change in beneficiary designation	Life Insurance Designation of Beneficiary Change SFN 53855
Report increase/decrease in coverage levels	Life Insurance Enrollment/Change SFN 53803 and Evidence of Insurability
Report an employee transferring to another PERS participating agency	Notice of Transfer Kit SFN 53728

Retiree Group Life Insurance

Provide continuation of life insurance for a retiring employee	Retirement Kit SFN 53723
Provide waiver of life insurance premium for a disability retirement employee	Disability Retirement Kit SFN 53726

LIFE INSURANCE ENROLLMENT/CHANGE SFN 53803

The Life Insurance Enrollment/Change SFN 53803 is used to enroll employees in the group life insurance plan. This form is also used to request increases/decreases in coverage levels.

ELIGIBLE EMPLOYEES (Including Seasonal Employees)

To be eligible, an employee **must be:**

- ✓ at least 18 years of age
- ✓ work at least 20 hours per week for 20 or more weeks per calendar year,
- ✓ and be filling positions which are regularly funded and not of limited duration (i.e. permanent).

Coverage will be effective the first day of the month following date of employment. If application is not made within the first 31 days, evidence of insurability will be required and coverage will be effective the first day of the month following date of approval by the Claim Administrator.

If both spouses are employed by the State and/or a participating political subdivision each employee may be insured as an individual and as a dependent spouse.

DEPENDENTS

An eligible dependent includes:

- ✓ the subscriber's spouse under a legally existing marriage between persons of the opposite sex,
- ✓ children up to the age of 23 if they are unmarried and financially dependent on their parents for support,
- ✓ or are age 23 but less than age 26 and the child is attending college full-time (12 credits per semester) and is 50% financially dependent.
- ✓ **A CHILD CANNOT BE AN ELIGIBLE DEPENDENT OF MORE THAN ONE EMPLOYEE. A DEPENDENT OF AN EMPLOYEE WILL NOT BE ELIGIBLE IF THAT DEPENDENT IS ALSO AN EMPLOYEE.**

PART-TIME /TEMPORARY EMPLOYEES are eligible to participate at their own expense and are subject to evidence of insurability in all cases. Coverage will be effective the first of the month following date of approval by the Claims Administrator. NDPERS will bill the agency for the premium on the agency monthly billing. The agency is responsible for collecting and remitting the monthly premium with their agency group bill. The agency is responsible for providing written verification to NDPERS that the individual is a part-time or temporary employee, the effective date of employment, the employee's name, address and Social Security number. The agency must provide a written

verification to NDPERS when the employee terminates and deleted the employee from the agency monthly billing.

MEMBERS OF BOARDS, COMMISSIONS, OR ASSOCIATIONS

To be eligible to participate, members of State and political subdivision boards, commissions, or associations must be paid, which means receiving a per diem for each meeting. They will have 31 days from the date they assume office in which to enroll in the group life insurance plan. Coverage will be effective the first day of the month following date of employment. If application is not made within the first 31 days, evidence of insurability will be required and coverage will be contingent on approval by the Plan Administrator.

ENROLLMENT

New employees have an initial 31-day enrollment period from date of employment in which to apply for coverage without evidence of insurability. If application is not made within the first 31 days of employment, the employee may enroll during a designated Annual Enrollment Season.

LIFE INSURANCE COVERAGE OPTIONS

Even if an employee elects not to have Supplemental Coverage, Parts A, B, C, F and G of this form must be completed, signed, dated and submitted to NDPERS for the basic coverage provided by the employer.

If both spouses are eligible employees for the NDPERS Life Insurance Program, they may be insured as follows:

- 1) Each may be insured as an employee and as a dependent spouse.
- 2) Dependent children can be insured under each parent's policy.

BASIC LIFE

If the employer is participating in the NDPERS Life Insurance Program, each employee will receive Basic Life insurance coverage. The premium is \$0.28 a month and is paid by the employer.

SUPPLEMENTAL LIFE

The employee may elect to have Supplemental Life Coverage in addition to the Basic Life coverage. The Supplemental Life increments are \$5,000 up to a maximum of \$200,000. The first increment is \$3,700 (\$3,700 + basic of \$1,300 = \$5,000). The monthly premium is based on the employee's age.

DEPENDENT LIFE

If the employee elects Supplemental Life coverage, they are eligible to purchase Dependent Life insurance. This coverage is available at either a \$2,000 or \$5,000 level for each eligible dependent. The premium is based on the employee's age and is flat rate regardless of the number of dependents covered. The life insurance carrier does

not require employees to list the names of eligible dependents. Once employees have dependent coverage, any newly acquired dependents will be insured automatically if born onto the policy.

SUPPLEMENTAL SPOUSE LIFE

If the employee elects Basic Dependent Life insurance coverage, they are eligible to purchase Supplemental Spouse Life insurance. This coverage is available in \$5,000 increments and may not exceed 50% of the total employee Supplemental Life coverage or \$100,000, whichever is less. For all employees applying for Spouse Supplemental in excess of \$50,000, the **Life Insurance Evidence of Insurability Form must be completed and must accompany the Life Insurance Enrollment/Change SFN 53803**. The monthly premium is based on the employee's age.

ADDITION OF DEPENDENT LIFE COVERAGE

If an employee is enrolled in the Supplemental Life and wishes to add a spouse as a result of marriage or a child because of birth or adoption, a **new Life Insurance Enrollment/Change SFN 53803 must be completed within 31 days of the event**. The premium is based on the employee's age. If the employee already has Dependent Life insurance coverage when one of the previously mentioned events occurs, no new application or further notification is required.

CANCEL OR DECREASE COVERAGE

Employees may cancel/decrease their Supplemental, Dependent or Supplemental Spouse Life insurance coverage at any time; however, this option may not be available to individuals who are having the Employee Supplemental Life premiums paid with pretax dollars under the FlexComp Plan. If you have questions regarding the ability to drop an employee's insurance in relation to the FlexComp Program, please contact our office. **A Life Insurance Enrollment/Change form must be completed and submitted to NDPERS.**

INCREASE IN COVERAGE

Existing employees may increase their Supplemental, Dependent or Supplemental Spouse Life insurance coverage during the annual enrollment season. An increase to the supplement life insurance coverage that required Evidence of Insurability will not be effective until the later of the date the coverage is approved by the insurance carrier or January 1st.

An employee who marries or at the time of a birth or adoptions of a child, may apply for Supplemental, Dependent and Supplemental Spouse Life insurance coverage within 31 days from the date of marriage, birth or adoption. **A Life Insurance Enrollment/Change form and Life Insurance Evidence of Insurability Form must be completed and dated during this time and submitted to NDPERS.** If the Employee Supplemental Life is increased and is being paid with pretax dollars the premium amount deducted under the FlexComp Program will be increased automatically. The employee may only pre-tax coverage amounts up to \$50,000 of Employee Supplemental Life. Coverage is effective the 1st of the month following the date the coverage was approved by the carrier.

CONDITIONS UNDER WHICH LIFE COVERAGE MAY BE CONTINUED

• Family and Medical Leave Act (FMLA)

The FMLA applies to all public agencies, including State, local and federal employers, and local education agencies (schools). This law requires the public agencies to provide a total of 12 weeks of unpaid, job-protected leave during a 12-month period. If you are an agency of North Dakota State government, the State's policy is for 16 weeks of unpaid, job-protected leave during a 12-month period. Eligible employees include those who have been employed for one year and have worked an average of 20 hours a week at least 20 or more weeks in the calendar year. During an unpaid leave under the FMLA, an employee may continue life insurance coverage at his/her own expense.

Payroll is required to submit a notice to NDPERS that indicates the beginning and ending dates of the leave. You must continue to collect the employee's monthly premium and submit it with the monthly billing for employee's who elect to continue their coverage.

If the employee does not return from medical leave, you have the right to recover any premium contributions paid while the employee was on the unpaid leave. If the employee does not return, they will have the right to a conversion policy directly with insurance carrier.

If an employee chooses not to continue the life insurance during an unpaid leave, upon their return to active, eligible employment, they will be required to complete a NDPERS Life Insurance Enrollment/Change form for Basic Life only. If the employee wants Supplemental and Dependent coverage, the employee/dependents must provide evidence of insurability and can only apply during the annual enrollment season.

• Leave of Absence

A employee may continue life insurance coverage at their own expense. You are responsible for collecting the premium from the employee and submitting it with your monthly agency billing. If an employee elects not to continue life coverage during the leave, they will be required to complete a NDPERS Life Insurance Enrollment/Change form within 31 days of return to work. Coverage will be effective the first day of the month following reinstatement of employment.

• Seasonal Employees

Seasonal employees are subject to the same requirements as stated above under "Leave of Absence."

FILING PROCEDURE: Send the white copy to NDPERS and retain a copy for your files.

GROUP EVIDENCE OF INSURABILITY

This form is to be completed if an employee elects to have Employee Supplemental, Dependent, or Supplemental Spouse Life Insurance coverage after the initial 31-day enrollment period, or if an employee wants to INCREASE his/her current level of coverage. These changes may only be made during the Annual Enrollment Season each year. This form, in addition to a Group Insurance Enrollment/Change (SFN 53803), must be completed and submitted to NDPERS by the last day of either month. Coverage will become effective the 1st day of the month following date of approval by the life insurance carrier.

COMPLETE ALL INFORMATION REQUIRED

MAKE AND KEEP A COPY OF THE COMPLETED EVIDENCE OF INSURABILITY FORM FOR THE EMPLOYEE.

IMPORTANT:

When applying for additional supplemental life insurance during the annual enrollment season, both the Group Life Insurance Application and Evidence of Insurability must be signed and dated within the annual enrollment season.

FILING PROCEDURE: RETURN THE FORM TO NDPERS. NDPERS will forward the form to the life insurance carrier.

The NDPERS office will notify the payroll office when the insurance carrier's underwriting department has either approved or denied the application. Coverage will be effective the late of the month following the date of the approval or January 1st.

APPLICATION FOR ACCIDENTAL LOSS OF LIMB(S) OR EYE(S)

Contact the NDPERS office information and Application for Accidental Limb Loss Benefits or an Application for Accidental Eye Loss Benefits.

APPLICATION FOR LIVING BENEFIT OPTION

Contact the NDPERS office for information and a Living Benefit Option claim form.

NOTICE OF CHANGE

SFN 10766

This form is to be completed to notify NDPERS of:

- Name change
- Address change
- Marital Status change
- Change in Dependent status
- FlexComp Election change

Whenever the Notice of Change SFN 10766 is completed and sent to NDPERS, the authorized agent must certify the accuracy of the information or the member and the form must be dated. If someone other than the authorized agent or member signs the form, it will be returned for the proper signature.

EMPLOYEE RESPONSIBILITIES – NAME CHANGE, ADDRESS CHANGE, OR MARITAL STATUS CHANGE:

1. Complete a marital status change whether there is a name change or not.
 1. In cases of marital status change, it is necessary that the member complete a new Designation of Beneficiary **SFN 2560** for the NDPERS defined contribution retirement plan and a Life Insurance Designation of Beneficiary Change **SFN 53855** for the NDPERS group life insurance plan.
3. The authorized agent or the member **must** sign Part E for this form to be valid.
4. See the Flex Comp Plan and the Group Insurance Sections for further details.

EMPLOYEE RESPONSIBILITIES - DEPENDENT'S LOSS OF ELIGIBILITY STATUS:

Spouses or dependents may lose status for coverage due to the following occurrences:

1. Divorce or legal separation.
2. Death.
3. Dependent ceases to be a "dependent child" as defined.

If any of the above occurs, the employee is responsible for the following:

- A. Must contact their payroll office within 30 days of the occurrence resulting in dependent's loss of coverage.
- B. Must complete a Group Life Insurance Application in order to remove the spouse or dependent(s) coverage and to change their designated beneficiary.

For spouses and/or dependents that lose eligibility status for coverage, refer to the Group Life Insurance Summary Plan Document for details regarding their rights for continuation of coverage.

FILING PROCEDURE: Original to NDPERS – Please retain a photocopy for your records.

NOTICE OF TRANSFER

SFN 53728

All instructions, terms and conditions are in the NDPERS Notice of Transfer Kit SFN 53728.

If the employee will not begin employment with a new participating agency within 31 days from the date of employee's last regular paycheck with your agency, both the employee and the authorized agent must complete a separation of employment kit.

Administrative Code Chapter **71-02-01-01(24)**: "Termination of employment" means a severance of employment by not being on the payroll of a covered employer for a minimum of one month. Approved leave of absence does not constitute termination of employment.

Often employees will terminate their position with an employer participating in NDPERS and take a job with another employer who is also participating in NDPERS ([NDPERS Participating Employer Groups](#)).

1. Employees cannot change their level of life insurance coverage.
2. If enrolled in the FlexComp plan, no change in deduction is allowed unless there is an IRS Qualified Change of Status as a result of the transfer.

If employee transfers employment from one participating employer to another participating employer without terminating eligible employment, and in recognition of the fact that the current employer may not be aware of the circumstances regarding a departing employee's employment plans and subsequently a new employer will not receive any transfer information, NDPERS has developed a series of scenarios along with the required administrative procedures to follow depending on the particular situation. These procedures are designed to ensure transfers are processed consistently based on "what the employer knows at the time of separation of employment."

Situation: Current employer knows the employee is transferring to another covered employer:

1. Complete the Notice of Transfer Kit **SFN 53728**, which contains the NOTICE OF TRANSFER FORM
2. Send the NOTICE OF TRANSFER FORM to the new employer

Situation: Current employer has no knowledge that terminating employee is transferring to another covered employer:

1. Current employer and employee complete the appropriate separation of employment kit
2. Send the complete kit to PERS
3. PERS will process accordingly in absence of any other information.

Situation: New employer receives a NOTICE OF TRANSFER FORM from a participating employer.

1. Do not have transferring employee complete new enrollment forms for plans indicated in Part C of the NOTICE OF TRANSFER FORM
2. Set up employee with benefits according to information provided in Part C of the NOTICE OF TRANSFER FORM
3. Have employee complete enrollment forms for programs not previously enrolled in through previous employer
4. Submit any new enrollment forms to PERS

Situation: New employer is not aware a new employee is a transfer from another participating employer. Previous employer processed as a separation of employment and employee does not provide the information.

1. Have new employee complete all required enrollment forms
2. Send the enrollment forms to PERS
3. If there is an existing record, and the hire date is within 31 days of separation from previous employer, PERS will notify you that employee is a transfer from another participating employer and will:
 - a. Void the enrollment forms for any programs that employee previously participated in.
 - b. Complete Parts A-D of the NOTICE OF TRANSFER FORM and send it to new employer.
 - c. Employer will set up benefit record according to information provided in Part C of the NOTICE OF TRANSFER FORM
 - d. Employer must complete Parts E and F on the NOTICE OF TRANSFER FORM and return it to PERS

Situation: New employer is aware a new employee is a transfer but previous employer treated as a

separation of employment and did not complete a NOTICE OF TRANSFER FORM.

1. Complete Parts A, E, and F of the NOTICE OF TRANSFER FORM
2. Send the NOTICE OF TRANSFER FORM to PERS
3. If hire date is within 31 days of separation from previous employer, PERS will complete Part C based on existing record and return the form to the new employer
4. Have employee complete enrollment forms for programs not previously enrolled in through previous employer
5. Employer will set up the benefit record accordingly

See the FlexComp Plan and the Group Insurance Sections for further details.

FILING PROCEDURE: Original to NDPERS – Please retain a photocopy for your records.

GROUP HEALTH AND LIFE INSURANCE MONTHLY RECONCILING PROCEDURES

Pay Direct Agencies

All agencies that are not on Central Payroll. (Counties, Cities, School Districts, District Health Units, Higher Ed, etc.)

- A. The monthly Group Insurance Billings are sent out on or about the 1st of each month.
- B. Reconcile the billing.
- C. **Please do not cross out names on the billing.** To report late additions, deletions, or changes that reflect the current month's coverage use the last page of the billing titled Adjustments For, which is followed by the month and year. If applications reflecting these changes have not been sent to NDPERS, they must be sent along with the billing for processing.

Adjustments to Billing:

Additions - Enter Last Name, First Name, Social Security Number on adjustment page and add insurance premium amounts to amount billed.

Deletions - Enter Last Name, First Name, Social Security Number on adjustment page and subtract insurance premium amounts from amount billed.

Changes - Use the same procedure as for additions and deletions.

- D. **Return the original billing, along with your premium check, to NDPERS by the 10th of each month.**

If the premium remitted is different from the reconciled billing total amount, please attach a memo to the billing explaining when the additional premium amounts will be received; if difference reflects a shortage, or if a refund is being requested, indicate who the refund is for and the amount of the refund.

THE ORIGINAL BILLING MUST BE INCLUDED WITH YOUR CHECK - DO NOT SEND CASH.
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GROUP HEALTH AND LIFE INSURANCE MONTHLY RECONCILING PROCEDURES

Central Payroll Agencies

- A. The monthly Group Insurance Billings are sent out on the 5th of each month.
- B. Billings are to be reconciled with the PeopleSoft State Detailed Deduction Report or the query NDS_PR165_DEDUCTIONS.
- C. **Please do not cross out names on the billing.** Any late additions, deletions, or changes that reflect the current month's coverage must be made on the last page of the billing titled Adjustments For, which is followed by the month and year. If applications reflecting these changes have not been sent to NDPERS, they must be sent along with the billing for processing.

Adjustments to Billing:

Additions - Enter Last Name, First Name, Social Security Number on adjustment page and add insurance premium amounts to amount billed.

Deletions - Enter Last Name, First Name, Social Security Number on adjustment page and subtract insurance premium amounts from amount billed.

Changes - Use the same procedure as for additions and deletions.

- D. **Return the original billing, along with any personal checks, to NDPERS by the 15th of each month.**

If the premium remitted is different from the reconciled billing total amount, please attach a memo to the billing explaining when the additional premium amounts will be received; if difference reflects a shortage, or if a refund is being requested, indicate who the refund is for and the amount of the refund.

RETURN THE ORIGINAL BILLING AND ANY PERSONAL CHECKS - DO NOT SEND CASH.
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